

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S) 10/069981					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
11							61				
12							62				
13							63				
14							64				
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16							66				
17							67				
18							68				
19							69				
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21							71				
22							72				
23							73				
24							74				
25			/				75				
26			/	/			76				
27			/	/			77				
28			/	/			78				
29			/	/			79				
30			/	/			80				
31			/	/			81				
32			/	/			82				
33			/	/			83				
34			/	/			84				
35			/	/			85				
36			/	/			86				
37			/	/			87				
38			/	/			88				
39			/	/			89				
40			/	/			90				
41			/	/			91				
42			/	/			92				
43			/	/			93				
44			/	/			94				
45			/	/			95				
46			/	/			96				
47			/	/			97				
48			/	/			98				
49			/	/			99				
50			/	/			100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				